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Attention: DME Providers

RE: Paper Claim Volumes

The volume of paper claims submitted to the Alabama Medicaid Long Term Care Provider Recipient Services Unit by DME providers is increasing daily. To ensure that the paper claims you submit are processed efficiently and timely, please refer to and follow the guidelines below.

Send directly to EDS, P.O. Box 244032, Montgomery, AL 36124-4032:

1. Current claims. A current claim is one that is within one year (365 days) of the date of service.
2. Current Medicare crossover claims for diabetic supplies using Procedure Codes A4253, A4255, A4256, A4258, A4259. Wait at least 45 days from the Medicare EOMB date before submitting claims with spanned dates of service or overlapping dates of service. Delaying claim submission for the 45 days will reduce claim denials due to possible duplicate. This will also reduce the possibility of a claim being processed as a manual forced payment when the claim automatically crossed over and systematically paid.
3. Current Medicare crossover claims that deny for QMB/SOBRA eligibility change and claims that deny because the recipient is partially ineligible for detail dates of service. On these types of claims, enter the "begin" date of service as both the "beginning" and "end" dates. This should allow the system to automatically pay the claim appropriately.

Your assistance in processing your claims in the most efficient manner is appreciated. If you have any questions, please email Ida Gray, DME Program Manager, at igray@medicaid.state.al.us.

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